Under the Paperwi	ork Reduction Act of 199	5, no person are re-	quired to	respond to a collectio				3 control number			
Effective on 12/08/2004.				Complete if Known							
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				- фринции		10/540,735-Conf. #9109					
FEE			February 28, 2006								
			Yehuda Turgeman								
	Examiner Name (C. A. Laforgia								
X Applicant claims small entity status. See 37 CFR 1.27				Art Unit		2131					
TOTAL AMOUNT OF PAYMENT (\$) 930.00			Attorney Docket No. 06727/02			03074-US0					
METHOD OF PA	YMENT (check all	that apply)			7						
Check X Credit Card Money Order None Other (please identify):											
Deposit Account Deposit Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C.											
For the above	e-identified deposi	account, the Dir	ector is	hereby authorize	d to: (che	ck all that apply)					
Charg	Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17											
FEE CALCULAT		· · · · · · ·									
1. BASIC FILING, S	EARCH, AND EXA	MINATION FEE	s								
	FILIT	IG FEES	SE	ARCH FEES	EXAMI	NATION FEES					
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Food	Paid (\$)			
Utility	310	155	510	255	210	105	1.665	raid (9)			
Design	210	105	100	50	130	65					
Plant	210	105	310	155	160	80					
Reissue	310	155	510	255	620	310					
Provisional	210	105	310	0	020	0					
2. EXCESS CLAIM		103		v	U	U		Small Entity			
Fee Description		Fee (\$)	Fee (\$)								
Each claim over 20 (including Reissues)								25			
Each independent claim over 3 (including Reissues)								105			
Multiple dependent	claims						370	185			
Total Claims	Extra Claims	Fee (\$)	Fee F	Paid (\$)	M	lultiple Depende	nt Claims				
- u x = Fee (\$)							ee Paid (<u>\$)</u>			
HP = highest number of	total claims paid for, if	greater than 20.									
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$				Paid (\$)							
	× -	" _									
HP = highest number of	Independent claims pa	id for, if greater than	3.								
3. APPLICATION SI											
If the specification								0			
	7 CFR 1.52(e)), the n thereof. See 35				or small e	ntity) for each ac	iditional 5	U			
Total Sheets	Extra Sheets			dditional 50 or frac	tion there	of Fee (\$)	Fee	Paid (\$)			
	00 =			(round up to a who				147			
4. OTHER FEE(S)		Fees	Paid (\$)								
Non-English Specification \$130 fee (no small entity discount)											
Other (e.g. late filing surcharge): 2801 Request for continued examination (RCE) (see 37								405.00			
2253 Extension for response within third month								525.00			
SUBMITTED BY ()											
Signature	>-1 /2tm/	1		Registration No. (Altorney/Agent)	25,351	Telephone					
Name (Print/Type) S. Peter Ludwig						Date	ate April 16, 2008				

Express Mail Label No.	Dated:			